MONTHLY EXPENDITURE REPORT

THE CHECK WILL BE MADE OUT AND MAILED TO: YOUR ORGANIZATION: ADDRESS: PHONE: PROJECT NUMBER: (AS APPEARS ON PROJECT APPLICATION)			UTAH DEPARTMENT (OFFICE OF HIGH 3888 WEST 54 SALT LAKE CITY (801) 957-8570 FA	WAY SAFETY 100 SOUTH		MONTHLY PROJECT COST REPORT MONTH OF YEAR REPORT PREPARED BY FEDERAL ID#			
SIGNATURE OF FINANCIAL OFFICER:	DATE	≣ :	SIGNATURE OF PROJECT DIRECTOR: DATE:						
BREAKDOWN OF COSTS: SOURCES OF FUNDS				BREAKDOWN OF HIGHWAY SAFETY FUNDS (Column 1) - TYPE OF EXPENSE					
	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
	HIGHWAY SAFETY OFFICE	YOUR CONTRIBUTION (IN-KIND)	TOTAL PROJECT FUNDING Total Columns (1-2)	SALARY AND BENEFITS	CONTRACTUAL SERVICES (WITH OTHER AGENCIES)	EQUIPMENT	TRAVEL	SUPPLIES/ OPERATING (INCENTIVES)	HIGHWAY SAFETY EXPENSES Total Columns (4-8)
	\$	\$	\$	\$	\$	\$	\$	\$	\$
A. TOTAL SPENT THIS MONTH									
B. CUMULATIVE SPENT AT THE BEGINNING OF MONTH									
C. CUMULATIVE SPENT AT THE END OF MONTH (A PLUS B)									
D. OVERALL BUDGET (TOTAL AMOUNT OF GRANT)									
E. BALANCE (D LESS C)									